



ERIE COUNTY

REQUEST FOR PROPOSAL (RFP)

TO PROVIDE

HIGH FIDELITY WRAPAROUND

For Preventive Services

RFP# 1726VF

Erie County Department of Mental Health

EDWARD A. RATH COUNTY OFFICE BUILDING

95 FRANKLIN STREET

BUFFALO, NEW YORK 14202

COUNTY OF ERIE, NEW YORK
REQUEST FOR PROPOSALS (“RFP”) # 1726VF
TO PROVIDE HIGH FIDELITY WRAPAROUND SERVICES

I. INTRODUCTION

The County of Erie, New York (the “County”) is currently seeking proposals from qualified agencies (“Proposer”) for the provision of High Fidelity Wraparound (HFW) services. Qualified Proposers must be experienced with providing Preventive and/or High Fidelity Wrap services to families in the target population. The target populations includes families who meet the criteria as identified below and includes children under the age of 18, who are at risk of out of home placement, have a Serious Emotion Disturbance Classification and/or whose parents/families may be involved with Child Protective Services or Family (court) due to Neglect/Abuse, Persons in Need of Supervision and Juvenile Delinquency Petitions. If one or more of the following circumstances exist, a child is considered to be at imminent risk of placement:

1. Health and safety of the child: this standard recognizes that a primary target group for preventive services is families in which there have been incidents of child abuse or maltreatment.
2. Parental refusal: this standard applies when parents or caretakers have refused to maintain the child in the home or have expressed an intention of surrendering the child for adoption.
3. Parental Unavailability: this standard is used when the child’s parents or current caretakers have become unavailable due to: Hospitalization; Arrest, detainment, or imprisonment; Death; or their whereabouts are unknown.
4. Parent service need: this standard applies when a parent or caretaker has a condition that impairs his/her ability to care for the child. This may include alcoholism, drug abuse, mental illness, or any other impairment that hinders the person’s ability to parent. It also may include a financial condition that makes it difficult or impossible for the parent or caretaker to provide adequate housing or meet other basic family needs.
5. Child service need: this standard is used when a child has special needs for supervision or services that cannot be adequately met by parents or caretakers without intensive services, resulting in the child being at risk of foster care placement without such services.
6. Pregnancy: this standard applies when a mother is pregnant or has given birth and has shown an inability to provide adequate care for her unborn or infant child.

Services through the RFP are targeted for the purpose of averting a disruption of a family which will, or could, result in placement of a child in foster care, enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible, or reducing the likelihood that a child who has been discharged from foster care would return to such care. The primary goals of the Erie County Children’s System of Care include maintaining children in the community with their families, reducing out-of-home placements, facilitating the early return of children and youth already placed out-of-home by increasing access to community based services, utilizing an individualized care model with an Evidence and Strength-based approach and assuring active parent involvement at all levels of a Multi-departmental collaboration (Social Services, Mental Health, Juvenile Justice).

All services will be conducted as articulated under Mandated Preventive Regulations 18 NYCRR Part 423, and 430.9.
<http://ocfs.ny.gov/main/publications/Preventive%20Services%20Guide%202015.pdf>

The identified array of services is consistent with the requirements of mandated preventive services. All families served meet the criteria of risk of out of home placement and the providing of these services are essential to improve family relationships and functioning in order to prevent the placement of the child into foster care. These programs and services are put in place due to the family’s service needs.

The current Kinship, Traditional and Intensive services contracted with the Erie County Department of Social Services will transition to the High Fidelity Wrap model incrementally throughout 2018. It is the expectation that services awarded under the RFP will follow a transition process as determined by the recipient and departments of Social Services and Mental Health during 2017 and 2018. The following is an **example estimated** time frame:

Projection Based on # of Applicants			# of Families to Transition + Waitlist			Transitioning Date (Upon Notification of RFP Award)			3 day Training (CC and Supervisors)		
Phase 1	JAN. - MAR.	3 AGENCIES		TBD			1/1/18		Dec-17		
Phase 2	APRIL - JUNE	3 AGENCIES		TBD			2/28/18		Mar-18		
Phase 3	JULY -SEPT.	3 AGENCIES		TBD			5/31/2018		Jun-18		
Phase 4	OCT. - NOV.	3 AGENCIES		TBD			8/31/2018		Sep-18		

In addition to the qualifying criteria stated the applicant is asked to include a description of experiences of implementing Evidence Based Practices and maintaining fidelity to the practice. The description should include data management, barriers and related quality improvement efforts and successes.

In collaboration with Erie County Department of Social Services (ECDSS), the Erie County Department of Mental Health (ECDMH) is seeking to select the Proposer(s) that provides the best solution for the County's needs.

The County reserves the right to amend this RFP, reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive any irregularities or informalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any Proposer, and to award negotiated contracts to one or more Proposers.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

The County will only contract with firms that do not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status or any other status protected by New York State and Federal laws.

II. FUNDING AND BUDGET

It is anticipated that initial 2018 funding of, \$ 4,965,000 will be available for staffing (operations) to support the provisions of services with the selected award recipients. Funding through this RFP requires proposers to provide services to a minimum of 72 families at one time annually with a team of 6 Care Coordinators with a 1:12 caseload ratio and 1 supervisor with a 1:6 staff to supervisor ratio; applicants can apply for more than 72 slots based on the same methodology. There are 672 slots available through the RFP. An additional \$ 4,032,000 is available for Vendor Services but is not allocated to agencies specifically. Further allocation and budget details are described within Appendix B and Section B (Participation in Vendor Services).

Included in the funding model are Flexible Funds which are intended for the purchase of a service that is needed to meet a specific need of the youth and family enrolled in HFW. The flexible funds include the purchase of Vendor Services (described below) via the established vendor network for HFW. A small portion of the Flexible funds can be utilized as discretionary funding for the purchase of a commodity that is needed to meet a specific client need. The management of Vendor Dollars and Flex Funds expenditures is planned for at a monthly/as needed Child and Family Team meeting (CFT) and indicated on a Plan of Care.

The award is subject to annual contract renewal, contingent upon the Proposer's successful performance of project objectives and the continued need and desire for such services as articulated by Erie County. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose. All contract appropriations are subject to Legislative approval.

Future awards will be dependent on available funds and subject to the demonstrated fiscal and programmatic stability of the applicant agency, as well as their meeting all of the Erie County requirements. More than one provider will be selected for funding for 2018.

Note: By Executive Order from the NYS Governor and the Erie County Executive, administrative costs may not exceed 15% of the requested funds. Lower Administrative costs will be favored when rating proposals.

III. PROPOSAL TIMEFRAMES

The following schedule is for informational purpose only. The County reserves the right to amend this schedule at any time.

ANTICIPATED SCHEDULE OF PROPOSAL

The following schedule is for informational purpose only. The County reserves the right to amend this schedule at any time.

Issue RFP:	10/20/17
Emailed Questions to Marcia.Kuma@erie.gov by:	11/7/17
Posting of Responses to Emailed Questions by	11/9/17
Proposals Due: 3 p.m.	11/28/17
Selection Made: Approximately,	12/14/17
Contract Signed: Following all necessary County approvals	

IV. GENERAL REQUIREMENTS

In order for Proposers to be considered for an award, the terms, conditions and instructions contained in this RFP and attachments must be met. Any proposals which do not meet these criteria may be considered non-responsive.

1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation. Proposals shall be limited to fifteen (15) pages, single sided, double spaced, Arial Font and 11pt. typed font.

Proposals are to be packaged and ordered in the following manner:

- a) One page transmittal letter or memo on agency letterhead.
 - b) ECDMH RFP Submission Package Checklist (Attachment 1) on the top of entire submission package (after agency transmittal letter).
 - c) Signed Agency Cover Sheet form-(Appendix A :) The original must have the original signature of the applicant organization's chief executive. **Unsigned proposals will be rejected.**
 - d) Copy of the Board Resolution authorizing submission of this proposal (Attachment 2).
 - e) Attestation to participate in/cooperate with the ECDMH system of care reform efforts including the utilization of Fidelity Electronic Health Record and CONNECTIONS. (Attachment 3).
 - f) Proposal Narratives. These are to be limited to no more than ten (15) pages. NOTE: The fifteen (15) page limit on the Proposal Narratives does not apply to the additional pages comprised by the required Submission Package Checklist, Agency Cover Sheet, Budget Worksheet, and other required application materials which may have their own page limit specifications.
 - g) Budget Worksheet (Appendix B)
 - h) Job Descriptions (Appendix C) Attestation that the job descriptions have been reviewed and hiring practices will be consistent with Qualifications as described – Label as Attachment 4
 - i) Completed Personnel Demographics – (Appendix D)
 - j) Signed Schedule A (attached to this RFP).
 - k) Insurance Certifications, (form attached to this RFP as Schedule B). Information on the Standard Insurance Provisions required of agencies selected as a contractor of this service is included in this RFP. This document is for informational purposes only, and is not to be submitted by the Proposer for the purposes of this RFP.
 - l) Signed and notarized Erie County Equal Pay Certification (form attached to this RFP as Schedule C. All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts
2. One (1) original and six (6) copies shall be submitted by **November 28, 2017 by 3:00 p.m.** Proposals **MUST** be signed. **Unsigned proposals will be rejected.**

Submission of the proposals shall be directed to:

Michael R. Ranney, CRC-R, LMHC,
Commissioner
Erie County Department of Mental Health
95 Franklin St. Rm. 1237
Buffalo, NY 14202

AND

One electronic PDF copy of the 'Proposal to Provide Service' shall be submitted to Marcia.Kuma@erie.gov by **November 28, 2017 by 3:00 p.m.** Subject line to read High Fidelity Wraparound for Preventive Services: RFP#1726VF

All proposals must be delivered to the above office on or before November 28, 2017 by 3:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.

4. Requests for clarification of this RFP must be written and submitted via email to Marcia Kuma at Marcia.Kuma@erie.gov and with the Subject line HFW for Prevention Services RFP#1726VF no later than 4p.m. on November 7, 2017. Formal responses will only occur in response to those questions emailed by this date. Formal written responses will be posted by the County on the Department of Mental Health website: <http://www2.erie.gov/mentalhealth/index.php?q=node/146/> on November 9, 2017. NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY REQUEST FOR CLARIFICATION.
5. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those Proposers will be notified to arrange specific times.
6. No proposal will be accepted from, nor any agreement awarded to, any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

By application, you certify that your agency can provide the following documentation at any time during the course of the selection process: (You do not need to provide it now, only if asked.)

- Proof of 501(c) (3) status, if applicable.
- Most recent Independent Accountant's Report.
- Current Board of Directors with officers listed and contact information that includes the name of employer, home and/or business address, phone number, and email address.
- Agency's most recent organizational chart and a letter of support signed by the CEO and the Board President.
- Resumes for all program staff, including administrators, program supervisors, direct service staff and aides.
- References or letters of testimony from other agencies for whom you have provided this or a similar service, with contact information.
- Currently funded programs must re-apply in order to be considered for continued funding.

Please **do not** include copies of supporting research, annual reports, exhibits, letters of support, attachments and other supporting material with your proposal other than those requested. ECDMH/DSS reserves the right to disqualify proposals that do not adhere to the correct format.

Applications are expected to comply with stated guidelines including but not limited to desired program outcomes identified in the Request for Proposal (RFP). It will be the responsibility of the applicant to submit proposals consistent with the RFP requirements. By submitting an application, your agency asserts that the Request for Proposal document has been reviewed in its entirety and that, if selected, the agency will abide by the conditions for funding set forth therein.

V. SCOPE OF PROFESSIONAL SERVICES REQUIRED

A. Introduction:

Erie County has adopted the National Best Practice of High Fidelity Wrap to support youth/children to remain in their home and community, where it is most developmentally appropriate to foster a successful transition to adulthood. Through timely target supports and interventions, Erie County has been able to successfully maintain youth in their homes as well as return youth to their homes in shortened lengths of time when the home environment was not conducive to the youth/child to remain in their home. Erie County has shaped their High Fidelity Wrap services through the infrastructure development of a vendor network to support individualized planning and targeted interventions to minimize risk and enhance safety within their home environments. The core High Fidelity Wrap Principles are paramount to the success in assisting families to sustain their youth where most appropriate for their future success.

Referrals for HFW will be screened through a cross departmental Intake Team comprised of Erie County Mental Health and Social Services Staff. The Erie County Single Point of Access (SPOA) will be integrated into the centralized Intake Team. Primary referral sources include, but are not limited to, the Erie County Department of Social Services, local residential treatment programs, various mental health service providers, and the juvenile justice system within Erie County.

High Fidelity Wraparound (HFW) is a strength-based, family-driven team planning process. The primary mission of HFW is to divert placement of children to out of home placements by promoting the family's stability, competency, and self-sufficiency. Utilizing a culturally competent strength based and needs driven Child & Family Team (CFT) process, families are assisted in developing and organizing supports, services, and resources in order to achieve their goals, vision, and self-sufficiency. The Child & Family Team (CFT) plays a major role in the Wraparound Process. The CFT is a planning process driven by the family and youth that identifies the youth/children and family strengths and needs. The youth/children and family build a team who are supportive of the youth/children and family needs, under the guidance of a Care Coordinator. This team is called the Child & Family Team. Together the Child & Family Team develops a Plan of Care, a Crisis Plan, and monitors the progress of the youth/children and family towards their individual goals. The goal of Wraparound is to develop skills and supports that empower the youth/children (as age appropriate) and family to effectively meet their own needs and live successfully in their community.

HFW Principles and Components of successful CFT's include:

1. Family Voice and Choice. The Child and Family Team (CFT) strive to provide options and choices such that the plan of care reflects family values and preferences.
2. Team Based. The CFT includes individuals agreed upon by the family that are community, natural and professional supports.
3. Natural Supports. The CFT actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. **Sustainable and Natural Supports are critical to maintaining and furthering family success upon discharge from HFW.**
4. Collaboration. CFT members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care. The plan of care guides and coordinates each team member's work towards meeting the team's goals.
5. Community-Based. The CFT implements service and support strategies that safely promote child and family integration into home and community life.
6. Culturally Competent. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child/youth and family, and their community.
7. Individualized. To achieve the goals laid out in the plan of care, the team develops and implements a customized set of strategies, supports and services.
8. Strength Based. The wraparound process and the plan of care identify, build on, and enhance the strengths, knowledge and skills of the child and family, and their community, and other team members.

9. Persistence. Despite challenges, the team persists in working toward the goals included in the plan of care until the team reaches agreement that a formal wraparound process is no longer required.

10. Outcome Based. The CFT ties goals and strategies of the plan of care to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan of care accordingly.

Resources for additional information on National Wraparound Practices can be found at <https://nwi.pdx.edu/>

B. Program Information:

Target Population:

Families referred to HFW have complex needs and often enter the program during a time of crisis or significant transitional period. Families (Caregivers) to be served through this contract will include any child under the age of 18 years old who is at risk of an out-of-home placement due to their own behaviors or family dynamics or family safety concerns; including youth/children/parents who are part of the Family Court system and have a specific court menu which supports the overall functioning and safety needs of the family.

Project Description:

- Assist families in identifying their strengths, needs, and family vision based on their unique family culture.
- Assist families in identifying and forming a CFT comprised of natural supports, community/systems including but not limited to a DSS assigned worker, Vendor Workers and High Fidelity Wrap Services Providers.
- Assist families in developing comprehensive plans to prevent or minimize crisis and to ensure safety for the children, family, and the community at large.
- Facilitate CFT meetings at least once per month; utilizing meetings to develop a comprehensive Plan of Care to address identified needs. Bring a Child and Family Team together earlier if an system event and/or critical incident occurs
- Promote the utilization of strengths, skills, and natural resources to meet needs and build children and family competencies.
- Coordinate and purchase individualized services through the Erie County Vendor Services Network for identified needs **that cannot be met via existing resources and supports** (further description to follow) with the goal to increase safety and reduce targeted risk for the family that is resulting in the child/youth at being risk of out-of-home care.
- Provide 24 hour on-call support through the Care Coordinator/Identified Vendor and Crisis Planning in response to unplanned crisis situations. This may also include the utilization of the Crisis and Re-Stabilization Emergency Services (CARES) team.
- Monitor outcome data and utilize this information to track progress and adjust Plans of Care as needed. Collaborate with systems and other providers to ensure coordination of services to meet the child and family's needs and safety concerns.
- Use of data to inform supervision efforts and regulatory focused targeted Quality Improvement Efforts.
- Maintain relationships with community and neighborhood organizations and resources to promote the development of the natural supports for the children and family.
- Develop early transition plans for children and families to sustain success and self-sufficiency following discharge from the High Fidelity Wrap.
- Record case work concurrently with activities in CONNECTIONS (NYS Child Welfare system of record) and the Fidelity Electronic Health Record. (Further description to follow)
- Provide culturally appropriate services, as well as language translation services, to individuals with special needs; i.e. disabilities, language and cultural barriers, etc.

Required Documentation:

Assessment:

Immediately following the opening of a case, and at regular intervals thereafter, an assessment of the identified youth/children and the family will be conducted. The purpose of the assessment is to promote positive outcomes by encouraging the use of child and family strengths to meet needs and reduce safety concerns. The assessment is a discovery of strengths, needs, and culturally significant information to ensure safety within the home. The assessment clearly identifies the needs that require Care Coordination services. The assessment should elaborate and verify the reason for family referral and specific individual diagnosis. This should guide the Plan of Care goals, supports and services for the family. The NYS Office of Children and Family Services (OCFS) are in the process of determining a universal statewide assessment which will be required as a part of the contractual

agreement of this award which will be announced upon notification of such. The assessment may be required to be entered into CONNECTIONS by the HFW Care Coordinator.

Assessments are completed within 30 days after SPOA case assignment to the Care Coordination Agency. This assessment is documented in Fidelity EHR. The assessment is completed with the youth/children, family, other team members, and other support and system providers' consultation.

The assessment should capture each family's individualized culture. As no two families will share the same culture, the uniqueness of the family will be identified in a strength based manner. Culturally significant information may include but will not be limited to, spirituality, hobbies, style of communication, boundaries, traditions, values, and meal time customs. The family's culture is what makes the family special and different and impacts the manner in which they operate as a family.

An updated assessment is required every 6 months. Reassessment can occur before the 6 month point in time and should be done when there is a significant change in the youth /children or family circumstance. These follow-up assessments are to address updated cultural information, strengths, needs, updated Child and Adolescent Strengths and Needs-NY (CANS-NY) and Diagnosis, Supervisor reviews, approves, and signs the completed Assessment. Assessment will be shared with the family through the Plan of Care.

Crisis/Safety Plan:

Immediately following the opening of a case, and at regular intervals thereafter, a Crisis/Safety Plan will be developed with the youth/children (when age appropriate) and family. The purpose of the Crisis/Safety Plan is to assist the family in defining what a crisis situation is, how to prevent a crisis, and how to de-escalate a situation.

Based on the type of referral Care Coordinators develop an initial Crisis/Safety Plan with the families within the following timeframes:

- Intensive Services Referral within 24 hours
- Traditional and Kinship within the first 12 calendar days of a case opening.

The Crisis Plan is documented in Fidelity Electronic Record and CONNECTIONS and includes the following elements

- a. Thorough description of what a crisis/safety concern looks like for that individual family
- b. Assessment of what triggers a crisis/safety concern for the youth/children/family
- c. Assessment of the family's strengths and what helps de-escalate a crisis situation/safety concern for the youth/children/family
- d. A plan for preventing crises from happening for the family which emphasizes family strengths and natural supports
- e. A plan for what to do if a crisis situation/safety concern arises. This plan will include a list of who to call in a crisis and/or safety situation
- i. The list should follow a sequence starting with natural supports that are helpful in a time of crisis/safety situation and end with Care Coordination staff, Supervisors, Family Support Partners/Advocates, and the Crisis and Re-stabilization Emergency Services (C.A.R.E.S) contact number (716)882-4357.
- f. The plan will outline what to do and who to call if a crisis situation arises in each of the following settings: home, school, and community
- g. The plan will include the youth's/caregivers psychiatrist (if applicable), and any relevant medications
- h. The plan will outline a hospitalization plan (if applicable) including the hospital name, phone number, admitting doctor, and any history of hospitalizations (both Medical and Psychiatric).
- i. Crisis Plans are reviewed and/or updated minimally every 30 days at Child and Family Team meetings and after crisis/safety situations. Changes to the plan will be documented in Fidelity EHR and CONNECTIONS
- j. The Care Coordinator shares copies of all documented Crisis Plans at Child and Family Team meetings. Families will sign all newly developed Crisis Plans and the Care Coordinator will keep a copy of the signed Crisis Plan in the client record.
- k. By time of Discharge all formal supports will be removed from the Crisis Plan and a final plan that includes natural/community supports must be given to the family.
- l. A copy of the final Crisis Plan will be signed by the family and placed in the client record.

Initial Plan of Care:

The development of a Referral Trajectory Plan and implementation of vendor services to target the highest risk /safety concerns identified on the referral will occur within 7days of case assignment. This Plan will support the development of a Formal Plan of Care. The Plan of Care is developed and documented within 30 days of a referral, quarterly and at times of significant events. The purpose of the Plan of Care is to foster the value of an individualized, integrated plan for the youth/children and family. The Plan of Care utilizes the family vision to determine a course of support and service delivery. The Plan of Care will be developed with the family, ideally during a Child & Family Team (CFT) and is part of the continuum of strengths, supports and services as they relate to the family's needs and vision.

Transition Plan

The goal of HFW is to have families progress towards their vision, increase independence, and develop their own Natural Supports, Community Supports, and Resources. During the Wraparound Process a clear, sustainable plan for transition from paid supports to natural and community supports is developed by utilizing the strengths of the family and community. Transition discussions will be incorporated from the start of the Wraparound Process and throughout all phases; engagement, planning, implementation, and transition up to and including the time of discharge. It is the responsibility of the family, youth/children (age appropriate), Care Coordinator, Vendors, Formal System partners and all other members of the Child and Family Team to develop, implement and support the transition plan.

Before a case is closed, HFW Care Coordinators are required to consult with the DSS assigned worker to assure that all goals, needs, safety concerns and Planned Amendments have been addressed. Case closure includes contacts with, but not limited to, medical, school and other collaterals as part of practice to ensure that safety is being met. Achievement of outcomes must be documented in both CONNECTIONS and Fidelity EHR and the record is then closed **simultaneously** in both data systems.

Progress Notes:

High Fidelity Wraparound practices include documentation for all client-related activities provided by Care Coordinators in Fidelity EHR. The documentation should be clear, concise, and timely, relating back to the Plan of Care. All Progress Notes must be completed and finalized in FEHR within 48 hours of service occurring. In all instances Progress Notes must be finalized according to the Care Coordination Agency contract with Erie County.

Progress notes must include:

- a) Date of Service
- b) Type of contact
- c) Units of service (i.e. 2 hrs. of service)
- d) Time of contact, including the start and end time of the meeting. The time must state AM or PM (i.e. 2:00pm -4:15pm)
- e) Location of contact
- f) Who was present and/or spoken to; include relationship to client
- g) Describe what occurred during contact
- h) Progress toward goals
- i) Impression (if any) of writer regarding contact
- j) Outcome of contact
- k) Flex funds utilized during contact; amount and nature

Progress Notes documenting actual or attempted face-to-face contacts with family/caregiver and client are required. If family/caregiver does not desire a face-to-face meeting this must be documented.

Progress Notes must be reflective of the Plan of Care, Family vision; goals achieved, and indicate progress toward transition out of care coordination.

Per HIPAA guidelines, any time protected health information about a client/family is released (i.e. Plans of Care, Court information, Referrals, etc.), it must be documented in the content of a Progress Note in FEHR. The Progress Note MUST contain the specific information that was requested and who requested the information.

Participate in the utilization of Vendor Services

Erie County Wraparound maintains a network of Vendor Agencies who provide high quality youth/children and family focused clinical and non-clinical services. Individualized family/youth/children service needs and supports are determined by the Child and Family Team. Based on the designated capacity awarded through this RFP each family will be designated a Per Family Per Month (PFP) Vendor Dollar allocation. The disbursement of those funds must be agreed upon by the Child and Family Team and authorized by the Care Coordinator with supervisory approval from the Care Coordination agency. The authorization to expend the funds by the Care Coordinator must be documented and have a direct correlation with the Plan of Care and must relate to achieving specific goals established from the Child and Family Team Meetings to target reduced risk of out-of-home care and increased safety within the home/school/community. It is common, or practice suggests, that youth/families have a higher utilization of Vendor Services at the onset of Care Coordination and a decrease as transition to case closure occurs.

Community Connections of New York (CCNY) contracts with the Erie County Department of Mental Health to manage the Vendor Network which includes fiscal management and oversight of vendor flex funds for all care coordination agencies participating in High Fidelity Wrap including expenditure monitoring against regulation and policies, accounts payable, fiscal reconciliation, reporting to all stakeholders at regular intervals, program development of service categories as needed and in alignment with changes at county and state levels, capacity building technical assistance to vendor agencies, training, identification and recruitment of potential new vendor service agencies, quality assurance and quality improvement activities.

Recipients of this award will be required to coordinate Vendor Services and follow all policies/procedures promulgated by CCNY for Vendor selection and billing.

The job of Vendor is to:

- Provide specific, targeted, time limited services/interventions to the identified child and/or other family members to support the goals on the child/family Plan of Care
- Directly support skill transfer, community support building & transition needs as per the Child and Family Team to reduce safety concerns and reduce risk of out-of-home care
- Be an active observer, document and report back all relevant information to the family, care coordinator & Child and Family Team

Vendor Service Delivery Expectations and Progress Note Documentation:

It is the practice expectation of the Erie County High Fidelity Wraparound Process that documentation for all client-related activities provided by Vendor Service Providers are recorded in within 48 hours of service delivery. The documentation should be clear, concise, and timely relating back to the Plan of Care.

Progress notes must include:

- Date of Service
- Type of contact
- Units of service (i.e. 2 hrs. of service)
- Time of contact, including the start and end time of the meeting. The time must state AM or PM (i.e. 2:00pm - 4:15pm)
- Location of contact
- Who was present and/or spoken to; include relationship to client
- Describe what occurred during contact
- Progress toward goals
- Impression (if any) of writer regarding contact
- Outcome of contact
- Flex funds utilized during contact; amount and nature
- Any observed safety concerns or needs within the home and plan to address

Vendor Progress Notes documenting actual or attempted face-to-face contacts with family/caregiver and client are required. If family/caregiver does not desire a face-to-face meeting this must be documented. Documentation is expected to occur within 48 hours of the actual or attempted contact

Vendor Progress Notes must be reflective of the Plan of Care, Family vision; goals achieved, and indicate progress toward Transition out of care coordination.

All complete Progress Notes are to be signed by the person who authored the note and approved by the Vendor Supervisor. These notes are to be saved in the client record (electronic/paper record). Documentation is expected to occur within 48 hours of the actual or attempted contact.

Vendor Services include the following: When a family needs a special support or service, the care coordination agency will find it in the community among the numerous contracted vendors:

<http://www.comconnectionsny.org/resources/vendor-network-directory/>

Non-Clinical

Respite Services	Teacher Aide	Skill Builder: Daily Living Skills
Family Support	Parent Skill Builder	Skill Builder: Social Skills
Crisis Response Hourly	Recreation	Skill Builder: Career/Education Skills
Crisis Respite	Groups: skill Building	Juvenile Justice Stabilization Support
Parent Skills Training Group	Community Supervision	Community Interpreter
Tutoring	Rise and Shine	Professional Translation
Transportation Services	Group Recreation	Mediation
Supported Work	Behavioral Management Services	
In-Home Community Behavioral Health Service.		

Clinical

Outpatient Diagnostic Assessment	Group Behavioral Therapy
Individual Risk Reduction Counseling	Psychiatric Reviews/Medication Check
Art Therapies	Functional Assessment
Family Mental Health Therapy	Play Therapy
Juvenile Justice Stabilization Support	Mental Health Screening

C. Capacity, Standards of Practice and Projected Outcomes

	High Fidelity Wrap Standards of Practice
Goal	Reducing risk and safety to maintain children within their home /shorten the lengths of stay of youth and children who are away from their home environment
Care Coordinator (CC) Caseload	1:12
Staffing Plan	Maintain staffing to ensure contracted capacity and coverage of Intensive Services cases on weekends.
Supervisor to CC Ratio	1:6
First Face to Face (F:F)	Intensive Referrals w/24 hours of Referral from Central Intake (SPOA) Traditional and Kinship Referrals w/3 Calendar Days of Referral from Central Intake (SPOA)
Vendor First Face to Face	Intensive Referrals are coordinated as close to the first visit to assure safety; the CC is required to see the family two times per day until a combination of Vendors, CARES staff and CC visits are established to meet the required frequency of F:F contacts. Traditional and Kinship w/7 Business Days from first F:F with Family
Required Minimum Contacts Per Month with Family	Based on the referral received from Central Intake which identifies the imminent level of risk (Referral Trajectory) for youth/children and families will drive the required minimum contacts. Intensive: Combination of CC, Vendor CARES team requires a minimum of two F: F contacts per day until risk is reduced.

	<p>Traditional and Kinship: Minimum: 2 F: F (Weekly contacts are offered to families)</p> <p>Through the CFT process increasing and decreasing the number of contacts is based on the assessment of safety concerns for youth/children and families throughout service provision.</p>
Utilization Management	Participation in Utilization Management Meetings one time per month as identified by provider, SPOA, FEHR
Child and Family Team Meeting	<p>Includes paid (CC, DSS Worker, Therapist, Vendor, etc.), Community and Natural Supports</p> <p>Minimum: 1/per month</p> <p>>1/ per month is needed based on Risk/Need of Family and/or occurrence of a system event/critical incident</p>
Documentation CONNECTIONS	<p>Family Assessment Service Plan (FASP): Completion w/30 days, Review at 60 days, Every 6 months thereafter</p> <p>Documented within 48 hours of service</p> <p>Vendor Services Notes: DSS Caseworker will copy and paste notes into CONNECTIONS</p>
Fidelity EHR	<p>Progress Notes: Every direct and indirect contact documented w/48 hours</p> <p>Crisis Plan: Initial</p> <p>Intensive Services Referral within 24 hours</p> <p>Traditional and Kinship within the first 12 calendar days of a case opening.</p> <p>Plan of Care:</p> <p>Intensive Services Referral within 24 hours</p> <p>Traditional and Kinship w/30 days from case opening; Review and update every 90 days</p> <p>CANS-NY (for SED Youth): w/30 days from case open; Review every 6 months thereafter, at time of significant event; at discharge unless CANS NY was administered less than two months prior to discharge</p> <p>Assessment: w/30 days from case open</p>
Length of Stay	Average 6-8 months; maximum one year
Per Family Per Month WRAP \$'s	\$500.00
Required Training	<p>CONNECTIONS:</p> <p>High Fidelity WRAP – 3 day training will be provided by CCNY for Care Coordinators and Supervisors</p> <p>Fidelity EHR – provided by CCNY for Care Coordinators and Supervisors</p> <p>Annual Booster Training – provided by CCNY for Care Coordinators and Supervisors</p> <p>CANS-NY – On-line training; agency responsible for assuring that staff complete and obtain certificate of completion; annual training required.</p> <p>Monthly on-site coaching for maintaining Fidelity to High Fidelity WRAP</p>
Voice and Choice: Family Driven process	CC facilitates decision making process with families by educating about services, choices, etc.

Management of Capacity:

Agencies are paid up to actual expenditures not to exceed the contracted amount. However, this funding carries the expectation of maintaining the specific funded slot capacity and contractual obligations which include maintaining capacity during staff absences/vacancies. In the event of short-term or longer term staffing vacancies, the practice expectation is that HFW supervisors will carry up to six cases during such periods of time and/or that other proactive and planned measures will be available on a timely basis to maintain the contracted capacity. These contingency plans should be clearly and specifically described in your narrative.

In the event of an agency's inability to maintain contracted capacity awarded through this RFP and meet contractual obligations a review of the contract will occur and result in a reduction or termination of the contract or a pro-rated reduction payment to the agency will occur. While the expectation is at 95-100% utilization, the inability to maintain contracted utilization of at least 90% in any month will result in a required communication to the contract manager as to why this occurred and a plan for returning to capacity, as well as a prorated reduction of deficit funding for that month.

For example, if you're contracted capacity is 100 but your utilization for days in that month average 85, your capacity for that month would equal 85% or 5% points below the minimum threshold. Therefore, your deficit funding would be reduced by 5% for that month. If for example, you were funded at 500,000 (excluded service dollars), then your funding would be cut by \$2,083 for that month. This is calculated as follows: $\$500,000/12\text{months}=\$41,666 \times .05=\$2,083$ for that month.

The goal is to maintain access to HFW to as many children and families as possible. Repeatedly having utilization that is performing being below capacity, regardless of the percentage, will lead to a review and could lead to termination of your contract.

We fully recognize that at times referrals can create underutilization of services and as such underutilization due to referral volume is not cause for a prorated reduction in the funded amount. Allowances will also be made during the startup time frame for new contracts to achieve a full caseload.

The following are Performance Measures that capture information correlated to family and program success within Fidelity EHR.

Contracted Outcomes maintained in Fidelity EHR		Benchmark
Open Cases		
	Length of Stay <=240 days	>= 85%
First Face to Face Contact	Intensive - w/24 hours from enrollment	>= 85%
	Traditional - w/3 Calendar days	>= 85%
Vendor Services	Intensive - w/36 Hours from enrollment targeted intervention	>= 85%
	Traditional - w/7 calendar days from enrollment	>= 85%
Critical Safety Events	Cases Without	>=80%
Slot Utilization	Intensive and Traditional	>=95%
Location at Discharge	Community / Natural Supports	>=90%
	Inpatient Psychiatric Hospitalization	<=5%
	Inpatient Substance Abuse Treatment	<=5%
	Permanency: The Benchmark % To Be Determined	XXXXXX
Closed Cases		
	Length of Stay <=240 days	>= 85%
	Successful Discharge	>=70%
Event Measures	Cases without an event (Youth and Parent)	>= 80%
Events that equate to outcomes		
Depending on the type of referral/case, Intensive or Traditional, the following events are maintained in Fidelity EHR for all youth/families served where applicable.		
System Events	Location at Discharge	Critical Incidents Safety Events for Open Case
Detention Non-secure	Community/Natural Supports (Youth)	DOA/Fatality (Youth/Caregiver)
Detention Secure	Inpatient Psychiatric Hospitalization	New Arrest (Youth/Caregiver)
Holding Center	Inpatient Substance Abuse Treatment	No Shelter/Eviction/Homelessness
Probation (Parent)	Residential Treatment Center Placement	Remand/Removal of Children
Move to Adjudicated Probation Supervision (Youth)	Residential Treatment Facility	Report/Witness of Domestic Violence
New Arrest	Other Institution	Report/Witness of Excessive Corporal Punishment
New Initial Appearance Before Judge	Detention Non-Secure (Youth)	Report/Witness of Malnutrition/Failure to Thrive
Probation Violation	Detention Secure (Youth)	AWOL/Abandonment (Youth/Child)
AWOL	Holding Center	CPEP Presentation (Youth/Caregiver)
Arrest	AWOL	Medical ER Presentation (Youth/Caregiver)
Residential Treatment Center Placement (Youth)	Other	Hospital Admission/Medical (Youth/Caregiver)
Foster Care Reoccurrence (Including RTC) (Youth)		Hospital Admission/Psy (Youth/Caregiver)
Remand (Youth)		Hospital/Inpatient Admission/Substance Abuse (Youth/Caregiver)
Inpatient Psychiatric Hospitalization		Initial Foster Care Placement (kinship – RTC)
CPEP		Replacement to Foster Care Placement

		(Kinship – RTC)
Medical Inpatient		Physical Harm (Youth/Caregiver) fractures, burning, poisoning, internal injuries, bruises, lacerations, welts, twisting, shaking, choking, etc.)
Medical ER		Youth Detention /Secure & Non Secure
		Holding Center (Youth/Caregiver)
		Positive Toxicology Birth
		Probation Supervision (Youth/Caregiver)
		Probation Violation (Youth/Caregiver)
		Initial Court Petition/ JD, PINS, Neglect, Neglect/Abuse)
		Institutional Abuse (Isolation/Restraint, Inappropriate Custodial Conduct)
		Report of Sexual Abuse (Youth/Caregiver)
		Observed/Suspicion of S/A Intoxication
		Observed/Reported Safety Risk of Weapons
		Observed Criminal Activity within the Home

Data Systems: All awarded providers will be expected to utilize both New York State CONNECTIONS and Fidelity Electronic Health Record. There is no cost incurred by the agency for the use of either data system:

CONNECTIONS is the Official Record for New York Office of Child Family Services (OCFS). It is the regulatory electronic record for the Department of Social Services. All standardized timelines must be adhered to. All Mandatory components will be utilized, including Global Assessment, Safety Plans, Progress notes, and Family Assessment Service Plan (FASP). All work entered into CONNECTIONS must match and/or complement that of the Fidelity EHR. This will include the cutting and pasting of all activities documented in progress/contact notes.

Fidelity Electronic Health Record (FEHR) is the record of choice for Erie County to support the best practice standards of High Fidelity Wrap. The FEHR uses data collection and outcomes from individual case records to develop customized monitoring reports to support quality improvement to the of the services delivery of HFW. It provides a way to manage and access key information throughout the care coordination process. Fidelity supports individual engaged in the process, including family members, team members, providers, natural and community supports and the coordination of care. It offers a way to collect and manage key documentation including plans of care, strengths, needs, family stories, family history timeline, meeting and appointment times, meeting notes, contact histories, critical incidents, services and costs. It offers the ability to track and enhance services through family satisfaction fidelity, and progress toward needs and risk. Fidelity also drives positive outcome through the CANS data, youth and family support, residential status, educational environment and behavior and function of individual family members.

At the youth/family and team level:

- Aids communication between team members
- Allows transparency in information sharing
- Assists in documentation compliance

Helps keep teams on track:

What are the priority needs?

- What are the strategies to meet each need?
- Are we making progress?
- Is the process working for the family and team?

At Supervisor and Administrative levels:

- Supports data-driven supervision
- Facilitates evaluation of the following:
 - Staff performance
 - Initiative Process and outcomes— Allows managers and administrators (at program, initiative, county, state levels) to monitor implementation, outcomes, service use, and costs in “real time”
 - Fidelity EHR uniquely supports each of the five System of Care Values and Guiding Principles in specific ways

Family-Driven

- Family-centered interview, family timeline & family systems assessments inform Plan of Care (POC)
- Plan of care captures family member POC input and signatures
- Family story and vision are captured in the POC
- Team Meeting Worksheets (TMW) incorporate ongoing assessment of family support, connections and satisfaction
- Youth and family can log into and view their plan of care, team members, and other information via a secure Fidelity EHR login and password

Youth-Guided

- Youth and families engage in baseline and ongoing assessments of the team process (including youth/family-centered decision making and team composition)
- Youth – as well as caregivers and family members— have access to health record portal: client page, messaging to team, reminders, educational resources for diagnoses and medications, Plan of Care (POC) copy and youth and family shared insights on goals and interests

Culturally and Linguistically Competent

- POC and TMW emphasize the team understanding of youth and family values and beliefs on challenges and their preferences for strategies
- Enables ongoing assessment and tracking of community outcomes
- Inclusive of primary caregiver, legal guardian and multiple family members
- Includes assessments related to gender, race/ethnicity, language, cultural and spiritual domains

Individualized and Community-Based

- Core Assessments, POC and TMW emphasize youth and family identified strategies, supports and services
- Reporting summarizes youth and family needs, desired outcomes, strategies and service provider information
- Youth connectivity mapping shows youth progress in relationship to caregivers within the community

Evidence-Based

- Multiple evidenced based assessments can be utilized to inform Plan of Care and enable program, practice and system level incorporation and implementation of Evidence Based Practice (EBP) models
- CANS provides EBP basis for assessment and outcomes tracking
- Supports the research-based version of Wraparound promulgated by the National Wraparound Initiative and supported by the training and coaching provided by the National Wraparound Implementation Center.

D. Agency Experience and Qualifications

The successful Proposer will:

- Have the ability to manage funds from a government funding source and achieve any reporting requirements.
- Maintain a skilled and appropriately educated workforce
- Perform background checks for all caseworkers, case aides and supervisors, clearing staff through the Staff Exclusion List (SEL and State Central Registry, prior to working with families.
- Maintain regular communication with ECDMH in a timely manner.
- Implement Quality Improvement in Supervision, Management and Programming
- Documented experience implementing an evidence based practice with fidelity to the model

Program Operators Responsibilities to support families and practice:

- Provide interpreter services as needed. Costs should be included in budgeted gross operating costs.
- Deliver services through Care Coordinators, carrying a maximum caseload of 12 children and their families.
- Care Coordinators are expected to meet with families face-to-face within the identified practice guidelines outlined in Section C. in order to best assist families in achieving and/or maintaining stability, timely engagement with the child and family is critical. The first contact should occur in the family home unless another meeting site is preferred by the family. Engagement meetings with the family are utilized to explain HFW, discover the family's unique culture and identity, identify the family's short-term and long-term vision, begin to identify the children and family's strengths and needs, formulate the CFT, and establish a preliminary crisis/safety plan.
- Coordinate care as per NYS Regulations (18 NYCRR Part 423, and 430.9) <http://ocfs.ny.gov/main/publications/Preventive%20Services%20Guide%202015.pdf>
- Ability to hire and maintain qualified staff as outlined in the attached job descriptions(Appendix C)
- Ensure effectiveness and fidelity to the HFW model through data driven supervision, training and support of agency personnel.
- Ensure that policies are in place in order to maintain Capacity as awarded through this RFP
- Supervisors and Care Coordinators attend Booster Trainings which include topics that vary based on the needs identified within ECDSS/DMH, SPOA, and Children's System of Care. The goal of Booster training is to maintain and enhance practice standards, increase understanding of the HFW philosophy, and ensure Care Coordinators have the resources and knowledge to complete their role within the Children's System of Care. Booster sessions per person require a minimum of 8 hours per year. Booster sessions may be offered, once or on a rotational basis. Trainings are provided by Community Connections of New York (CCNY).
- Ensure all staff completes the on-line Child and Adolescent Needs and Strengths NY (CANS NY) training and maintain their certification through the required annual renewal process.
- Attend monthly Utilization Management meetings. This process allows for targeted discussions of cases designated as "high need/risk" and "safety concerns" in order to attempt preventing crisis. High need/risk and safety concerns includes, but not limited to the following:
 - Client had a visit to the Emergency Room for any reason
 - Client was arrested (or other legal issue)
 - Client violated probation
 - Client has new CPS involvement
 - CANS score has worsened or not improved
 - Program is encountering challenging cases based on client/parent concerns
 - Review cases with Lengths of Stay >=240 days
 - Participate in the Vendor Services Network

Health Homes

Health Homes are a model of care management provided by community "care managers" who oversee and provide access to all of the services an individual needs to assure they stay healthy, out of the emergency room and out of the hospital. Eligibility of Children's Health Home's includes children/youth with active Medicaid, Reside in Erie County, Child/youth meets the NYS DOH eligibility criteria of having one or more of the following: two chronic conditions, HIV/AIDS, Serious Emotional Disturbance, or Complex Trauma* (If you believe the child/youth has complex trauma, *AND* Child/youth has significant behavioral, medical or social risk factors which can be addressed through care management. Care Managers build linkages to other community and social supports, and enhance coordination of medical and behavioral health care, with the main focus on the needs of persons with multiple chronic illnesses. Health Home services are provided through a network of organizations including health care providers, health plans and community-based organizations. All of individual's providers communicate with one another so the individual's needs are addressed in a comprehensive manner.

Health Homes may be working with a family prior to the family being deemed eligible for High Fidelity Wraparound. A family may receive services from both a Health Home and High Fidelity Wraparound agency where coordination between the Health Home Care Manager and High Fidelity Care Coordinator must occur to avoid duplication of services. Health Home Care Managers and the High Fidelity Wrap Care Coordinator's roles are mutually exclusive and are not one in the same. For a family who receives High Fidelity WRAP services only and upon transition from service, a Health Home referral can be made to provide the necessary level of supports that a family needs to ensure continued success post-discharge from High Fidelity Wraparound

Health Homes can provide service coordination for lower acuity youth and their families that may not meet the High Fidelity Wraparound criteria.

Narrative Responses (Scoring Rubric Schedule D):

1) Extent of Experience:

- a. Please clearly and specifically describe your experience in working with youth/children and families within the target population.
- b. Describe your agencies methods for, and related experience in, engaging and serving youth/children and families in the targeted population; provide data that supports your effectiveness.
- c. Describe your methods for, and related experience in, reaching out to the community to market services; provide data that supports your effectiveness.
- d. Describe your agencies experience with implementing an evidence based practice with fidelity to the model. The description should include data management, barriers and related quality improvement efforts and successes.
- e. Describe the agencies familiarity with the High Fidelity Wrap model and/or local practices.

2) Describe how HFW services will be provided:

- a. Describe how the agency will implement and monitor the stages of HFW to include Family Engagement, Assessment, Crisis Planning, Service planning and goal achievement, CFT standards, Utilization Management, Implementation/Monitoring of Vendors, Transition and Discharge planning within the framework of Family Voice and Choice.
- b. Describe the plan for which services will be delivered in a culturally competent manner and your agency's history of providing services in a culturally competent manner.

3) Implementation and Location:

- a. Address
- b. Describe the agencies plan for staffing transformation/hiring for HFW Supervisor(s) and Care Coordinators per the qualifications and timelines as indicated; include plan for maintaining staffing and capacity.
- c. Describe your agency's practices for promoting equity, diversity and inclusion at each stage of planning for, recruiting, hiring and retaining diverse staffing.
- d. Describe your agency's experience/ability to hire Spanish speaking or other staff with a language other than English.
- e. Describe your history and experience with meeting implementation deadlines for new services.

4) Outcomes and Data Management:

- a. Describe your agencies culture with respect to its ability to collect, review, report and analyze data in a timely manner.
- b. Describe your agencies use of and supervision of services guided by data. Give specific examples of implementation of such.
- c. Describe how QI practices are going to be implemented and utilized in assessing the effectiveness of the HFW services provided by your agency to ensure that identified outcomes are being successfully achieved and/or corrective plans are put in to place to meet identified outcomes.

5) Budget: (please be sure to complete the Budget Worksheet provided APPENDIX B:

- a. Within the existing budget model provided, describe in detail how the staffing and costs presented on the budget worksheet will realistically support the provision of services to the target population and the achievement of the related outcomes described in your proposal.

- b. Describe your agency's plan to maintain capacity at the level as submitted within your RFP response.
- c. Describe the agency's experience managing funds from a government funding source.

VI. STATEMENT OF RIGHTS

UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this request for proposals, the Proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the Proposer to enter into an agreement with the County for the required services;
- by submitting a proposal, the Proposer agrees and understands that the County is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the Proposer also understands and agrees that the County reserves the right, and may at its sole discretion; exercise the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals;
- To waive any irregularities or informalities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the Proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the Proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the Proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is a RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a Proposer is a responsible vendor for the purpose of this RFP process;

- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

EVALUATION

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- The Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications and experience of program staff.
- The Proposer's experience in performing the proposed services.
- The Proposer's financial ability to provide the services.
- Ability to manage contracted capacity
- Ability to utilize data to monitor and improve service delivery and outcomes
- Evaluation of the Proposer's fee submission. It should be noted that while price is not the only consideration, it is an important one.
- A determination that the Proposer has submitted a complete and responsive proposal as required by this RFP.
- An evaluation of the Proposer's projected approach and plans to meet the requirements of this RFP.
- The Proposer's presentation at and the overall results of any interview conducted with the Proposer.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A". Unsigned proposals will be rejected.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.
- No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

EVALUATION PROCESS

Applications scores will be based on RFP scoring committee assessments; the scoring tool is provided as a reference within this RFP. For agencies that do not hold a contract currently, the quantitative performance score will be based on submitted references and data from similar work.

CONTRACT

After selection of the successful Proposer, a formal written contract will be prepared by the County and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR IF NECESSARY THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The award period will be for a term of the calendar year of the award with the option to renew for three additional one-year terms, subject to annual contract renewal, contingent upon the Proposer's successful implementation of the program, data collection, monitoring, goal attainment, and compliance with required reporting. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose.

INDEMNIFICATION AND INSURANCE

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

“In addition to, and not in limitation of the insurance requirements contained herein the Proposer agrees:

(a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Proposer shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Proposer or third parties under the direction or control of the Proposer; and

(b) To provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the Proposer and the County, the Proposer will be required to provide proof of the applicable insurance coverage.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

INTELLECTUAL PROPERTY RIGHTS

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

All deliverables created under this Agreement by the Proposer are to be considered “works made for hire”. If any of the deliverables do not qualify as “works made for hire”, the Proposer hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Proposer agrees to assist the County, if required, in perfecting these rights. The Proposer shall provide the County with at least one copy of each deliverable.

The Proposer agrees to defend, indemnify, and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Proposer agrees to enable the County's continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Proposer in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Proposer may retain copies of such records for its own use.

NOTE: All contracts executed by the Erie County Department of Social Services will be posted electronically on the Department's website.

NON-COLLUSION

The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

CONFLICT OF INTEREST

All Proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County. Further, all Proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

COMPLIANCE WITH LAWS

By submitting a proposal, the Proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The preparation of proposals, selection of Proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the Proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a) Insert the following notice in the front of its proposal:

"NOTICE

The data on pages ____ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the Proposer's competitive position.

The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law."

And

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " *** THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW.**"

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

EFFECTIVE PERIOD OF PROPOSALS

All proposals must state the period for which the proposal shall remain in effect (i.e. how much time does the County have to accept or reject the proposal under the terms proposed). Such period shall not be less than one hundred eighty (180) days from the proposal date.

Attachment 1	
Erie County Department of Mental Health Submission Completeness Checklist Positive Youth Development Activities and Supports located at a Community Resource Center	
RFP#A1527VF	Agency:
Item:	Proposer Check to Verify Inclusion:
One page transmittal letter or memo on Agency letterhead	
ECDMH RFP Submission Package Checklist- Labeled as Attachment 1	
Signed Agency Cover Sheet Form Appendix A – all applicable content/supporting documents included	
Copy of the Board resolution authorizing submission of this proposal- Labeled as Attachment 2	
Attestation to participate in/cooperate with the ECDMH/DSS system of care reform efforts including the utilization of Fidelity Electronic Health Record and CONNECTIONS- Labeled as Attachment 3	
One (1) original and five (6) copies Submitted by deadline of November 28, 2017 at 3:00 p.m.; Proposal Narratives limited to no more than 15 pages and according to specific submission instructions	
One electronic PDF copy of the 'Proposal to Provide Service' shall be submitted to Marcia.Kuma@erie.gov by November 28, 2017 by 3:00 p.m.	
Budget Work Sheet Appendix B	
Attestation that the job descriptions have been reviewed and hiring practices will be consistent with Qualifications as described – Label as Attachment 4	
Proposer Certification - Schedule A	
Equal Pay Certification- Schedule C	
Completed Personnel Demographics – Appendix D	

Schedule A
PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [] of this RFP), and that it will be complete and acceptable to Erie County.


It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Agency Name

By:

Name and Title

SCHEDULE "B"**STANDARD INSURANCE PROVISION****Guidelines for Standard Insurance Provisions Required (for Informational Purposes Only)**

County of Erie Standard Insurance Certificate					
LAW-1 INS (Rev. 3/06)					
This certificate does not amend, extend or alter the coverage afforded by the standard form policies listed below.					
I Insured Name _____ Address _____ Zip _____ Phone No. _____			III Companies Affording Coverages <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">A</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">B</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">C</div> <div style="border: 1px solid black; padding: 2px;">D</div>		
II Issuing Agency Name _____ Address _____ Zip _____ Phone No. _____					
IV This is to certify that the policies listed below have been issued to the insured named above and are in force at this time.					
Indicate Type of Insurance By Checking the Box		Policy Number	Effective Date & Expiration	Check the Box	Limits of Liability in Thousands
Company Letter - from III above	1. General Liability			<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage <div style="text-align: center; margin: 5px 0;">OR</div> <input type="checkbox"/> Combined Single Limit	Occurrence Aggregate
	<input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises and Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Contractual <input type="checkbox"/> Personal Injury <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Explosion, Collapse <input type="checkbox"/> Underground Hazard				
	2. Automobile Liability <input type="checkbox"/> Comprehensive Form <div style="text-align: center; margin: 5px 0;">OR</div> <input type="checkbox"/> Schedule Form <div style="margin-left: 20px;"> <input type="checkbox"/> owned <input type="checkbox"/> hired <input type="checkbox"/> non-owned </div>			<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage <div style="text-align: center; margin: 5px 0;">OR</div> <input type="checkbox"/> Combined Single Limit	
	3. Excess Liability <input type="checkbox"/> Umbrella Form <div style="text-align: center; margin: 5px 0;">OR</div> <input type="checkbox"/> other than umbrella <input type="checkbox"/> auto <input type="checkbox"/> general <input type="checkbox"/> both			Bodily Injury & Property Damage Combined \$ _____ Self Insured Retention \$ _____	
	4. Worker's Compensation & Employer's Liability Disability Benefits			Statutory Statutory	
	5. Other <input type="checkbox"/>				
V. County of Erie is included as an additional insured under the following Policy numbers:					
VI. Description of Operations: It is understood that this coverage on behalf of the insured is for all locations in the County of Erie, NY.					
VII. Cancellation/Non-Renewal: Should any of the policies noted above be cancelled before expiration thereof or not renewed by the insured, the issuing company will endeavor to mail _____ days advance written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.					
VIII. Name and Address of Certificate Holder & Recipient of Notice: County of Erie c/o Department of Law 69 Delaware Avenue Suite # 300 Buffalo, NY 14202 716-858-2200		Date Issued _____ Auth. Representative _____ Firm name & address _____ _____ _____			
FOR COUNTY USE ONLY:					
		Name of County Dept. Requesting Certificate		_____	
		Purchase Order or Contact Number		_____	
		Vendor Insurance Classification		_____	

INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

- I. Insurance shall be procured and certificates delivered before commencement of work or delivery or merchandise or equipment.
- II. CERTIFICATES OF INSURANCE
 - A. Shall be made to the "County of Erie, 95 Franklin St, Buffalo NY, 14202."
 - B. Coverage must comply with all specifications of the contract.
 - C. Must be executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.
- III. Forward the completed certificate to: County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.
- IV. Minimum coverage with limits are as follows:

Vendor Classification	A Construction and Maintenance	B Purchase or Lease of Merchandise or Equipment	C Professional Services	D Property Leased To Others Or Use Of Facilities Or Grounds	E Concession-Aires Services	F Livery Services	G All Purposes Public Entity Contracts
Commercial Gen. Liab.	\$1,000,000 per occ.	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL
General Aggregate	\$2,000,000						
Products Comp. Ops.	\$2,000,000						
Blanket Broad Form	Not Excluded or Limited		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Contractual Liability							
Broad Form P.D.							
X.C.U.							
Liquor Law				INCLUDE			
Auto Liab.	\$1,000,000 CSL		\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Hired	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Non-Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess/Umbrella Liab.	\$5,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000	\$1,000,000
Worker's Compensation	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
& Employer's Liability							
Disability Benefits	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Professional Liability			\$5,000,000				
Erie County To Be Named Add'l Insd.	Gen. Liab., Auto Liab., & Excess	Broad Form Vendors May Be Required	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess

- V. Construction contracts require excess Umbrella Liability limits of \$5,000,000.
- VI Coverage must be provided on a primary-non contributory bases.
- VII. Designated Construction Project General Aggregate Limit Per Location Endorsement CG 25 03 is Required.
- VIII. In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.
- IX. Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.
- X Workers Compensation: State Workers' Compensation Board form DB-155 is required for proof of compliance with the New York State Disability Benefits Law.
Locations of operation shall be "All locations in Erie County, New York."

For those entities who request permits, licenses, or contracts are required to provide either an Affidavit of Exemption (BP-1) or Certificate of Insurance 105.2, Certificate of Self Insurance SI-12, DB-155, or a Certificate of Attestation CE-200 to evidence exemption of coverage by statute. It will be necessary to require alternate coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternative specifications should be evidenced on the certificate in lieu of the standards printed above.
- XI. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

Schedule "C"
Erie County Equal Pay Certification

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). The average compensation for female employees is not consistently below the average compensation for male employees, taking into account mitigating factors. We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Federal Equal Pay Law.

Signature

Verification

STATE OF _____)
COUNTY OF _____) SS:
A)

_____, being duly sworn, states he or she is the owner of (or a partner in) _____, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

B)
_____, being duly sworn, states that he or she is the Name of
Corporate _____ Officer _____ of
_____, Title of Corporate Officer Name of Corporation the enterprise
making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this _____
Day of _____, 20____

Schedule D

Erie County Department of Mental Health

High Fidelity Wrap for Preventive Services

RFP#1726VF

Scoring Tool

Agency Name:
Date Reviewed:
Reviewer Name:
Reviewer Signature:

Section 1: Extent of Experience

<p>1. Extent of Experience</p>	<p>Please clearly and specifically describe your experience in working with youth/children and families within the target population;</p> <p>Describe your agency's methods for and related experience in engaging and retaining youth/children and families in the targeted services. Provide data that supports your effectiveness. Data that supports your ability to achieve/maintain family unification, divert from juvenile justice environments, and out of home placements should be emphasized.</p> <p>Describe your methods for and related experience in reaching out to the community to market services. Provide data that supports your effectiveness;</p> <p>Describe your agencies experience with implementing an Evidence Based Practice with fidelity to the model. The description should include data management, barriers and related quality improvement efforts and successes;</p> <p>Describe the agencies familiarity with the High Fidelity Wrap model and/or local practices.</p>
<p>1. Scoring</p>	<p>0= Did not answer, or did not include all required information.</p> <p>1=Response does not clearly or fully respond to each of the questions listed above</p> <p>5=Response is clear. There is clear evidence that the service provider has a history in providing related services or supports to the target population. Applicant has documented ability to effectively engage and retain youth/children and market to the community in which they serve. Applicant clearly describes experience in implementing Evidence Based Practices. Documents familiarity with HFW and local practices.</p> <p>10= Response provides documented evidence of a history in providing related services or supports to the target population; data is presented that supports effective service delivery. Applicant provided description and data to support effective marketing, engagement and retention of the target population, facilitation of EBP's and fidelity to the model and/or in services that will be provided within the context of, or similar to, this RFP. Data specifically supports the proposer's ability to achieve/maintain family unification, divert from juvenile justice environments, and out of home placements should be emphasized. The provider is familiar with HFW and local practices. Extent of Experience response includes answers to all questions as required. The plan is clear to the reader.</p>

Scoring for Section 1: Total Section 1 Extent of Experience: x Weight of 2=	
---	--

Reviewer Comments:

Section 2: Service Provision	
2a. Service Provision	Describe how the agency will implement and monitor the stages of HFW to include Family Engagement, Assessment, Crisis Planning, Service planning and goal achievement, CFT standards, Utilization Management, Implementation/Monitoring of Vendors, Transition and Discharge planning within the framework of Family Voice and Choice.
2a. Scoring	<p>0= Did not answer, or did not include all required information.</p> <p>1=Response does not contain a clear narrative which fully responds to each of the service categories listed above.</p> <p>5= Response is clear. There is clear evidence that the service provider has a detailed implementation plan for each of the service categories listed above and is consistent with the HFW Principles and Practices included in the RFP.</p> <p>10= Response goes beyond what is identified above. The service provider gave clear evidence of a detailed implementation plan to implement and monitor each service category listed above. The plan is very comprehensive, specific and provides details on staff responsible for management of services and program staff including best practice measures. The response includes additional information i.e., data that demonstrates successful service implementation. The plan is clear to the reader.</p>
2b. Service Provision	<p>Describe the plan for which services will be delivered in a culturally competent manner.</p> <p>Describe your agency's history of providing services in a culturally competent manner.</p> <p>Describe how your agency reviews and analyzes data identify disparate outcomes among race, ethnicity, gender, age, etc. in an effort to positively impact outcomes, where appropriate.</p>
2b. Scoring	<p>0= Did not answer, or did not include all required information.</p> <p>1=Response does not contain a clear narrative which describes a plan for implementing culturally competent services or description of history of providing service in a culturally competent manner.</p> <p>5= Response is clear. There is clear evidence that the service provider has a detailed implementation plan for providing culturally competent services and provides a history of experience providing culturally competent services. Description includes on a vague or ambiguous description of the proposer's QA/QI efforts to review data for disparate outcomes and possible interventions.</p> <p>10= Response goes beyond what is identified above. There is a clear and detailed description of implementing and providing culturally competent services and provides additional information i.e., data that demonstrates successful hiring of staff to meet the cultural needs of youth/families served. The response includes additional information i.e., staff training, assessing cultural needs of families, data that supports experiences. The plan is clear to the reader. Description includes a clear description of the proposer's QA/QI existing practices to review data for disparate outcomes and possible interventions.</p>
Scoring for Section 2 2a. = 2b. = Total Section 2, Service Provision=	
x Weight of 2.5=	

Reviewer Comments:**Section 3: Implementation and Location****3. Implementation and Location**

Please provide the full address of the location in which the organization is located.

Describe the agencies plan for staffing transformation/hiring for HFW Supervisor(s) and Care Coordinators per the qualifications and timelines as indicated; include plan for maintaining staffing and capacity.

Describe your agency's practices for promoting equity, diversity and inclusion at each stage of planning for, recruiting, hiring and retaining diverse staffing.

Describe your agency's experience/ability to hire Spanish speaking or other staff with a language other than English.

Describe your history and experience with meeting implementation deadlines for new services.

3. Scoring

0= Did not answer, or did not include all required information.

1=Response does not contain a clear narrative which describes a plan for transitioning/hiring staff for HFW implementation. Description of hiring practices which promote equity, diversity and inclusion are limited. There is a minimal description of meeting deadlines for implementing new services.

5= Response is clear. Location of service is provided. There is clear evidence which describes a plan for transitioning/hiring staff for HFW implementation. Description of hiring practices which promote equity, diversity and inclusion are apparent. Further description of meeting deadlines for implementing new services is included.

10= Response goes beyond what is identified above. There is clear evidence which describes a plan for transitioning/hiring staff for HFW implementation and additional information is provided that supports implementation i.e., staffing already exists and details are provided for training existing staff in HFW. Description of hiring practices which promote equity, diversity and inclusion are apparent through recruitment, hiring and retaining diverse staffing; included are Personnel Demographics statistics. There are clear examples and details provided describing experience with implementing a services against deadlines; provides additional information i.e., award of past funding and successful implementation against deadlines. The plan is clear to the reader. The timeliness of the plan to transition staff is clear to the reader and offers reasonable assurance that staffing will be in place in a manner that supports the required transition timeline.

Scoring for Section 3

Total Section 3, Implementation and Location: **x Weighting of 1=**

Reviewer Comments:**Section 4: Outcomes and Data Reporting****4. Outcomes and Data Management**

Describe your agencies culture with respect to its ability to collect, review, report and analyze data in a timely manner that facilitates quality improvement.

Describe your agencies use of and supervision of services guided by data. Give specific examples of implementation and impact of such efforts on the effectiveness of services offered.

Describe how QI practices are going to be implemented and utilized in assessing the effectiveness of the HFW services provided by your agency to ensure that identified outcomes are being successfully achieved and/or corrective plans are put in to place to meet identified outcomes.

4. Scoring

0= Did not answer, or did not include all required information.

1=Response does not contain a clear narrative which describes the agency's ability to utilize data related to QI and practices of utilizing data to guide management of programming and supervision of staff. There is minimal detail describing the implementation of QI practices to assess the effectiveness of HFW and related outcomes.

5= Response is clear. There is clear evidence which describes the agency's ability to utilize data related to QI and practices of utilizing data to guide management of programming and supervision of staff. Further detail describing a plan for implementing QI practices is provided which include assessing the effectiveness of HFW and related outcomes and corrective action planning, but no examples are provided which demonstrate the positive impact.

10= Response goes beyond what is identified above. There is clear evidence which describes the agency's experience and ability to collect, review, report and analyze data in a timely manner that facilitates quality improvement. Examples of utilizing data to guide management of programming and supervision of staff are provided. Further detail describing a plan for implementing QI practices is provided which include assessing the effectiveness of HFW and related outcomes and corrective action planning; description includes examples of successful past experiences supported by data showing the impact of such efforts on pertinent outcomes. The plan is clear to the reader.

Scoring for Section 4

Total Section 4, Outcomes & Data Management: **x Weighting of 2 =**

Reviewer Comments:

Section 5: Budget

5a. Budget	Within the existing budget model provided describe in detail how the staffing and costs presented on the budget worksheet will realistically support the provision of services to the target population and the achievement of the related outcomes described in your proposal.
5a. Scoring	<p>0= Response did not answer the question, or the response does not articulate how this will occur</p> <p>1= Response minimally describes how the staffing and costs presented on the budget worksheet will realistically support the provision of services to the target population and the achievement of the related outcomes.</p> <p>3= Response describes how the staffing and costs presented on the budget worksheet will support the provision of services to the target population and the achievement of the related outcomes.</p> <p>5= Response describes in detail how the staffing and costs presented on the budget worksheet will realistically support the provision of services to the target population and the achievement of the related outcomes. The description includes processes for monitoring costs associated with staffing and programming. The response provides best practice measures that will be part of the ongoing fiscal management for implementation of HFW services including the parameters of 15% administrative costs. The plan is clear to the reader.</p>
5b. Budget	Describe your agency's plan to maintain capacity at the level as submitted within your RFP response.
5b. Scoring	<p>0= Response did not answer the question, or the response does not articulate how this will occur</p> <p>1= Response addresses a commitment to maintaining stated capacity, but it is not specific on which steps or actions will occur.</p> <p>3= Response addresses a commitment to maintaining stated capacity. Plan is specific and provides details on staffing patterns, title of individual who will proactively manage this obligation. Plan does not clearly articulate timeliness of action to ensure maintaining capacity, or does not appear to be adequate in the event of multiple and/or prolonged staffing shortages. Narrative lacks clear budget support for the plan, and/or ongoing best practices to retain existing employees and recruit qualified new staff in a timely manner.</p> <p>5= Response addresses a commitment to maintaining stated capacity. Plan is very comprehensive, specific and provides details on staffing patterns, title of individual who will proactively manage this obligation. The plan is clear to the reader that action taken will be effective and timely to ensure maintaining capacity. Budget supports fiscal expenditures to support the plan. Narrative discusses best practice measures that will be part of the ongoing agency culture and practice to retain existing employees and recruit qualified new staff.</p>
5c. Budget	Describe the agency's experience managing funds from a government funding source.
5c. Scoring	<p>0= Response did not answer the question, or the response does not articulate the agency's experience.</p> <p>1= Response provides minimal detail of experiences.</p> <p>3= Response provides description of experiences including specific government funding sources and amounts.</p> <p>5= Response provides detailed description of experiences, government funding sources, amounts, fiscal oversight and management of expenses with agency personnel i.e., board of directors, directors/supervisors, direct service staff where applicable.</p>
Scoring for Section 5	
5a. 5b.	

5c.

Total Section 5, Budget: x Weighting of 2.5=

Reviewer Comments:



Total Score in Each Category	
1	
2	
3	
4	
5	
	Total Score All Areas

APPENDICIES AS OUTLINED IN RFP:

Appendix A: Agency Cover Sheet

Appendix B: Fiscal Model

Appendix C: HFW Wrap and Care Coordinator Qualifications

Appendix D: Personnel Demographics



RFP Appendix A: Agency Cover Sheet
RFP#

All fields must be completed. If not applicable, list "N/A". Incomplete proposals may be considered non-responsive.

AGENCY INFORMATION

Agency Name - List the official name of your organization.
Agency Name - List other name if used.
Telephone Number - List the main contact number for your agency.
Address - List the official mailing address of your agency; include city and ZIP code information.
Website - Provide your agency's website address (if applicable).
Leadership - List the name of your agency's Chief Executive Officer, Executive Director, or President.
E-mail - Provide the e-mail address for your agency's leader.
Federal Employer ID# (FEIN) - Please provide your agency's Employer Identification Number.
DUNS # - List your DUNS (data universal number system) Number assigned by Dun & Bradstreet, if applicable.
501(c) (3) not-for-profit entity ID # - If non-profit, please provide 501(c) (3) not-for-profit entity ID # and date established as such.
MBE/WBE - If applicable, indicate whether your agency is a Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE).
Veterans-Owned Business - If applicable, indicate whether your agency is 51% Veteran-Owned Business.
Erie County Employees - Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal.
Subcontractors - List of all prime contractors and subcontractors that your agency does business with related to the services in the RFP.

CONTACT PERSON INFORMATION

Name - Please list the name of the person who should be contacted regarding your proposal.
Telephone Number - Please list the phone number of the person who should be contacted regarding your proposal.
E-mail - Please provide the e-mail address for the person to be contacted regarding your proposal.

Chief Executive Officer

Date

Title

APPENDIX B- FISCAL

CALCULATIONS

(Provided as a Separate Attachment for Official RFP Submission: EXCEL Document must be utilized)

TAB 1

FINANCIAL INFORMATION

Name of Agency (if different than Legal Name)
Fiscal Contact Person Name/Title/Contact Information
Street Address/City/State/Zip

RFP REQUEST

# of HFW Slots requested	
# of HFW Care Coordinators	
# of HFW Supervisors	

TAB 2

BUDGET – Sperate Worksheet Attached Appendix B:

High fidelity Wrap Budget Work Sheet (APPENDIX B)						
RFP# _____						
Instructions: Please only fill in the grey shaded cells in the chart below.						
Agency Name: _____		Program Name: _____				
Budget Items		Gross Cost/FTE	Gross Cost from ECDMH - Awarded through RFP	Gross Costs from Other Funding Source(s) (List source in comments)	Total Gross Cost of Program	Funding Sources from Column E and Clarifying Notes
# Unique Persons Served/year (Based on Capacity applied for in the RFP)	0					
# of FTE HFW Care Coordinators		\$ 75,000	\$ -			
# of FTE HFW Supervisors		\$ 85,000	\$ -			
Total Budget	0		\$ -			
Budget Detail:						
Direct Program Staffing:						
Salaries, Wages (\$)			\$ -	\$ -	\$ -	
FICA and Fringe Benefits (\$)			\$ -	\$ -	\$ -	
Other than Personal Services (OTPS)			\$ -	\$ -	\$ -	
Administrative & Overhead (A&OH)			\$ -	\$ -	\$ -	
NOTE: Administrative costs may not exceed 15% of the requested funds.						
Total Budget			\$ -	\$ -	\$ -	
The model gross cost for Care Coordinators of \$75, 000 and \$ 85, 000 for Supervisor(s) is inclusive of all line item costs for those positions which are broken out in the budget detail lines (15-24).						
If line 24 is greater than line 13 then fill in column E and note the source of funding in Column G.						

Appendix C:

High Fidelity Wrap Supervisor Qualifications

It is the policy of Erie County that each Care Coordination agency employ Clinical Supervisor(s) to oversee and implement the Wraparound Philosophy and Process and be responsible for ensuring fidelity to the model within their Care Coordination team. The Supervisor is solely dedicated to the HFW program.

Qualifications:

Supervisors must have a Master's degree in Social Work, Psychology, Mental Health Counseling or other Master's level human services professional with at least one year experience in Care Coordination, Case Management, or Community Based Treatment work and experience in working within the System of Care (SOC)

Supervisory Role and Responsibilities, as related to:

EDUCATION

- Attend community meetings to support the Supervisory role: (i.e. Erie County Children's system of Care Management Meeting; Shared Learning Supervisor Meeting; Utilization Management)
- Supervisors time is exclusively dedicated to High Fidelity Wrap (Mandated Preventive) services oversight
- Assist in ongoing education for the SOC regarding Care Coordination on the Wraparound philosophy and process
- Participate in required High Fidelity Wrap trainings and provide SOC trainings related to Fidelity EHR
- Provide orientation and on-going training in the Wraparound process to all Care Coordinators, promoting and maintaining fidelity to the model
 - **Supervisor will insure that ALL new Care Coordination staff will attend the formal Wraparound/Care Coordination training**

FIDELITY TO PACTICE

- Monitor Fidelity EHR for cases assigned to agency; assign case to Care Coordinators
- Management oversight including programmatic and supervision will include the utilization of data reports obtained from Fidelity EHR
- Ensure accuracy and timely documentation within the Fidelity EHR system. Keep a paper case record according to agency and Children's System of Care guidelines. Paper case records must include any/all signature forms
- Provide individual professional & clinical Supervision & group coaching to Care Coordinator staff
- Ensure that Care Coordinators are empowering families through the development of a balanced Child & Family Team (CFT). Attend CFT meetings to support Care Coordinator, as needed. Ensure fidelity to the Wraparound process during the CFT
- Guide care coordinator exploration of community and natural resources for families
- Supervisors should not carry a caseload unless assisting under emergent situations
- Supervisor will manage discretionary dollars allotted for use with families enrolled in care coordination.
- Collaborate with SOC partners to improve service delivery for families (i.e. Court, School, Clinical, Medical, etc.)
- Foster cultural & linguistic competency
- Support youth involvement in youth activities throughout the system of care & support youth engagement within the Wraparound process
- Assure that Care Coordinators receive necessary safety training annually through internal agency trainings and/or external SOC trainings
- Provide information to youth/children and families on how to access CC Agency on-call (24-hour) and community resources to assist in crisis/safety management
- Assure complete and accurate communication and documentation regarding CFT activities, goals and progress toward goals, and future plans to necessary court/legal representatives.
- Monitor all court-related activities (i.e., court appearances, acquisition of court orders, court extensions or revisions, permanency planning reviews, and court letters) and assist in providing relevant information to work in collaboration with local court systems
- Review Plans of Care and crisis/safety plans to ensure that the plans promote the family vision, utilize functional strengths, identify appropriate needs, and clearly identify related strategies

- Monitoring service utilization for reasonable and Vendor Services expenditures on a monthly basis, per each Care Coordinator
- Other duties as assigned

REGULATORY & POLICY

- Review all new agency and HFW Policy & Procedures with staff
- Maintain oversight & fidelity to process, procedures, & regulatory guidelines as per expectations of HFW, Care Coordination agency, and/or governing bodies (i.e. Office of Child and Family Services (OCFS), etc.)
- Complete Incident Reports & report to OCFS as designated by individual CC agency policy & OCFS regulations
- Report designated HFW Critical Incidents to HFW (SPOA) Clinical Director
- Inform HFW (SPOA) Clinical Director of CC staffing changes immediately upon identification (i.e. resignation, medical leave, etc.)
- Maintain contractual obligations between individual CC Agency and Erie County Department of Mental Health

Appendix C: Continued

High Fidelity Wrap Care Coordinator Qualifications

Qualifications:

Bachelor's Degree or Master's Degree in a human services related field plus 2 or 4 years' experience, respectively. Experience must be providing direct care services or linkage services to at risk youth/children and families.

Valid NYS Driver's License and adequate auto insurance

Ability to work effectively with clients, families, staff and community contacts from a variety of cultural and ethnic backgrounds.

Care Coordinator Role and Responsibilities, as related to:

EDUCATION

ROLES AND RESPONSIBILITIES

- Coordinate services for families enrolled in the Erie County Wraparound Program
- Oversee all aspects of Care Coordination for families enrolled in Wraparound
- Facilitate all Child and Family Team Meetings (CFT's) including organizing meetings logistics and ensuring all relevant participants are included
- Ensure the CFT's integrate all involved systems including the family's formal and informal support community to develop a comprehensive Plan of Care
- Ensure all contracted services such as mentoring, tutoring, parenting, counseling or other assigned services are delivered timely and effectively to families
- Input and update all necessary documentation in Fidelity EHR and/or CONNECTIONS including Assessments, Plans of Care, Safety and Crisis Plans and Progress Notes
- Attend required meetings and trainings regarding Erie County Wraparound Services
- Provide ongoing support to families in the Wraparound system including regular telephone and weekly face to face contact, and availability by cell phone
- Communicates with all necessary SOC providers and supports related to the planning and care for youth/families; regular contact is maintained with Erie County DSS Caseworkers in the updating and coordinating of care.

Appendix D: Personnel Demographics

Personnel Demographics

List number of staff and indicate the number in each demographic group: White, African-American, Hispanic, Asian-American, Native-American, Other, Unknown. Also, break down total staff number by male, female, or identifies as other.

DEMOGRAPHIC GROUP		# STAFF IN DEMOGRAPHIC GROUP	
Total # Agency Staff			
a.	# White		Sum of a. – g. must equal total # of Agency Staff
b.	# African-American		
c.	# Hispanic		
d.	# Asian-American		
e.	# Native American		
f.	# Race- Other		
g.	# Race- Unknown		
h.	# Female		Sum of these must equal total # of Agency Staff
i.	# Male		
j.	# Identifies as Other		